

68-7-22. Collaborative practice. (a) Each of the following terms, as used in this regulation, shall have the meaning specified in this subsection:

(1) “Collaborative drug therapy management” and “CDTM” mean a practice of pharmacy in which a pharmacist performs certain pharmaceutical-related patient care functions for a specific patient, and the functions have been delegated to the pharmacist by a physician through a collaborative practice agreement.

(2) “Collaborative practice agreement” and “CPA” mean a signed agreement or protocol voluntarily entered into between one or more pharmacists and one or more physicians that provides for collaborative drug therapy management.

(3) “Pharmacist” means a person licensed, without limitation or restriction, to practice pharmacy in Kansas.


(4) “Physician” means a person who is licensed to practice medicine and surgery in Kansas and who is a signing party to the pharmacist’s CPA or update.

(b) Any pharmacist may practice collaborative drug therapy management only pursuant to a collaborative practice agreement or update established and maintained in accordance with this regulation. Although a physician shall remain ultimately responsible for the care of the patient, each pharmacist who engages in CDTM shall be responsible for all aspects of the CDTM performed by the pharmacist.

A pharmacist shall not become a party to a CPA or update that authorizes the pharmacist to engage in any CDTM function that is not appropriate to the training and experience of the pharmacist or physician, or both. A pharmacist shall not provide CDTM to a patient if the pharmacist knows that the patient is not being treated by a physician who has signed the pharmacist’s current CPA.

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(c)(1) Each CPA and update shall be dated and signed by each physician and each pharmacist. Each CPA and update shall include the following:

(A) A statement of the general methods, procedures, and decision criteria that the pharmacist is to follow in performing CDTM;

(B) a statement of the procedures that the pharmacist is to follow to document the CDTM decisions made by the pharmacist;

(C) a statement of the procedures that the pharmacist is to follow to communicate to the physician either of the following:

(i) Each change in a patient's condition identified by the pharmacist; or

(ii) each CDTM decision made by the pharmacist;

(D) a statement identifying the situations in which the pharmacist is required to initiate contact with the physician; and


(E) a statement of the procedures to be followed by the pharmacist if an urgent situation involving a patient's health occurs, including identification of an alternative health care provider that the pharmacist should contact if the pharmacist cannot reach a physician.

(2) A CPA shall not authorize a pharmacist to administer influenza vaccine except pursuant to K.S.A. 65-1635a, and amendments thereto.

(d) Each CPA and update shall be reviewed and updated at least every two years. A signing pharmacist shall deliver a digital or paper copy of each CPA and update to the board within five business days after the CPA or update has been signed by all parties.

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(e) Within 48 hours of making any drug or drug therapy change to a patient's treatment, the pharmacist shall initiate contact with a physician, identifying the change.

(f) This regulation shall not be interpreted to impede, restrict, inhibit, or impair either of the following:

(1) Current hospital or medical care facility procedures established by the hospital or medical care facility pharmacy and either the therapeutics committee or the medical staff executive committee; or

(2) the provision of medication therapy management as defined by the centers for medicare and medicaid services under the medicare part D prescription drug benefit.

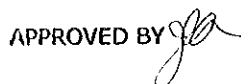
(g) As part of each pharmacist's application to renew that individual's license, the pharmacist shall advise the board if the pharmacist has entered into a CPA. (Authorized by K.S.A. 65-1630; implementing K.S.A. 2015 Supp. 65-1626a; effective P-

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